AMEN
Applicat
09/902

AMENDMENT TRANSMITTAL LETTER					Docket No. M4065.0159/P159-A		
Application No. 09/902,691		Filing Date July 12, 2001		Examiner P. Brock		Art Unit 2815	
Applicant(s):	Li Li, et al			CD LOSS IN CON	FACT OX	IDE ETCH	
		THE COMMI					
	erewith is an ame	ndment in the	above-identif	ied application.			
The fee has been calculated and is transmitted as shown below.							
·	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims		- 28 =		х		0.00	
independen Claims	2	- 3 =		×		0.00	
Multiple Dependent Claims (check if applicable)							
Other fee (please specify):							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00]
x Large Entity Small Entity							
No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.							
A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached.							
The Commissioner is hereby authorized to charge and credit Deposit Account No							
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.							
Stephen A. Soffen Dated: January 15, 2003							_
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